

**YOU ARE NOT ELIGIBLE FOR RETIRED STATUS IF YOU HAVE CURRENT OR PENDING ACTION ON YOUR LICENSE
IN KENTUCKY OR ANY OTHER STATE.**

Applicant Information

Type or print legibly with black ink, using capital letters or numeric characters, as this application will be scanned. Leave one blank space between words within items, if applicable.

Last Name

[illegible]

First Name

[illegible]

M.I.

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Maiden Name

[illegible]

Address: Line 1

[illegible]

Address: Line 2

[illegible]

City

[illegible]

State

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U.S. Zip Code + 4

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Country

[illegible]

International Postal Code

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Social Security #

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Telephone #

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Date of Birth

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Alternate Telephone #

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Licensure Information

If you hold a current active Kentucky nursing license, you must return your card before your application for retired status can be processed.

ATTACH NURSING LICENSE CARD HERE

Certification Statement

By signing this application, I hereby certify that the information on this application is complete and true to the best of my knowledge. In accordance with KRS 314, I understand that I cannot practice as a nurse without a current active Kentucky nursing license and to do so subjects me to the full range of disciplinary action described therein.

Licensee Signature

Licensee Signature

Date:

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